

# Application for Residential Parking Permit Washington Square Area & Lester Place

October 1, 2019 thru September 30, 2020



**Town Clerk / Town of Mamaroneck**

740 W. Boston Post Rd.

Mamaroneck, NY 10543

914-381-7870

Hours Mon-Fri 8:30am-4:30pm

[townclerk@townofmamaroneckNY.org](mailto:townclerk@townofmamaroneckNY.org)

Name of Resident (Applicant): \_\_\_\_\_

(If Applicable) Name of Caregiver: \_\_\_\_\_

Resident's Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

Permit is for (Check ONE): Resident \_\_\_\_ or Caregiver \_\_\_\_ (as defined in Town Code 219-2.1 B)

Resident's Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Resident's E-mail: \_\_\_\_\_ @ \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ License Plate #: \_\_\_\_\_

**Read, then sign:** I understand that my permit tag must be displayed properly at all times while parked in the Residential Parking District. I hereby affirm under penalty of perjury that information provided on this application is true, and that there are not three or more outstanding and unpaid parking violations against this vehicle for parking occurring within the unincorporated area of the Town. I also understand that if this statement is false, I am subject to revocation of my parking privileges and/or prosecution as set forth in Town Code § 219-2.1 D (5).

Signature of Applicant: \_\_\_\_\_

## **DOUBLE CHECK....YOUR COMPLETE APPLICATION PACKET WILL INCLUDE:**

- Completed and signed application (this page).
- All documentation as required, depending if you are an A, B, or C, based on the **WORKSHEET ON THE REVERSE**.
- One self-addressed, stamped envelope.
- Payment -- Check for \$25.00, made payable to the Town of Mamaroneck. (If you would like to pay with cash or credit card, please bring application and ALL documentation in person to the Town Clerk's Office at 740 W. Boston Post Road, Monday through Friday from 8:30am to 4:30pm.)
- If you are a Caregiver, you must provide (i) a written certification with an original (not stamped) signature from a medical doctor, stating that the Area Resident requires assistance with daily activities between the hours of 9am and 2pm, or (ii) a notarized affidavit from the parent of a child of an Area Resident attesting to the Caregiver providing care for that child for more than 3 hours per day between the hours of 9am and 2pm.

# Worksheet for Residential Parking Permit Renewal Washington Square Area & Lester Place

**STEP 1:** Identify which ONE SECTION below applies to you -- A, B, or C?

**STEP 2:** Complete ONE SECTION -- A, B or C below -- PRIOR to filling out the application on REVERSE.

A. If **BOTH** your **VEHICLE REGISTRATION** and **DRIVER'S LICENSE** include your current address WITHIN the Residential Parking District, please make a copy of both of the documents, check the boxes below, and complete the application on the reverse side:

Attached is a copy of the applicant's Valid Vehicle Registration showing my address within the Residential Parking District.

**AND**, attached is a copy of the applicant's Valid Driver's License showing my address within the Residential Parking District.

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B. If **EITHER** or **BOTH** your **VEHICLE REGISTRATION** and **DRIVER'S LICENSE** includes a current address located OUTSIDE of Westchester County, you will need to include copies of several more documents. Check the boxes below -- note, the third and fourth items below are either/or options! -- and then complete the application on the reverse:

Attached is a copy of the applicant's Valid Vehicle Registration showing my address located outside of Westchester County.

**AND**, attached is a copy of the applicant's Valid Driver's License showing my address located outside of Westchester County.

**PLUS, EITHER** attached is a copy clearly showing the applicant's name on a lease for an apartment, a deed to a condominium unit, shares of stock in a cooperatives, or a tax bill for a property, located within the Residential Parking District.

**OR**

Attached is a copy clearly showing the applicant's Federal or New York State income tax return (redacted to NOT include a social security number, income or other deductions), a credit card statement demonstrating purchases in the Town of Mamaroneck (redacted to not include account numbers of balance), or in the case of a full-time student, a high school, vocational school or college transcript. The date on the above document submitted as proof of residency must be less than twelve months prior to the date on which the submission is given to the Town Clerk.

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C. If **BOTH** your **VEHICLE REGISTRATION** and/or **DRIVER'S LICENSE** include a current address located WITHIN Westchester County but OUTSIDE the Residential Parking District, then you are NOT eligible for a Residential Parking Permit at this time, unless you are a Caregiver. If you are a Caregiver see additional requirement on bottom of the Application for Residential Parking Permit on reverse.